

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK RECEIVED

	Report: (Check one)  TOWN OF THE TRANSPORTED ON THE PROPERTY IN Sthe day preceding election	☐ 30 da	y after election year-end report dissolution	
Sarah Tru	iololo	Comm	uittee to Elect Sarah Truojolo	
	Candidate Full Name (if applicable)		Committee Name	
School Co		Teresa	Truoiolo	
21 Oxford	Office Sought and District  1 Lane, East Longmeadow, MA 01028	E0 65*	Name of Committee Treasurer	
	Residential Address	30 341	oford Street, East Longmeadow, MA 01028  Committee Mailing Address	
E-mail:	bosarahbo@hotmail.com	E-mail:	ttruoiolo@baconwiison.com	
Phone # (opt	tional):	Phone # (optional): (413) 636-5871		
-	SUMMARY BALANC	EINFO	DRMATION.	
	Line 1: Ending Balance from previous report		CLOSE SERVICES CONTRACTOR OF THE SERVICES OF T	
	Line 2: Total receipts this period (page 3, line 11)		6,045	
	Line 3: Subtotal (line 1 plus line 2)		6,045	
	Line 4: Total expenditures this period (page 5, line		2,950.25	
	Line 5: Ending Balance (line 3 minus line 4)		3,094.75	
	Line 6: Total in-kind contributions this period (pa	ge 6)	The second secon	
le se se	Line 7: Total (all) outstanding liabilities (page 7)		0	
1	Line 8: Name of bank(s) used: Peoples Bank	3	Also the Assessment Health of the control of the co	
certify that I ctivity, inclu- nance activit igned under	Committee Treasurer:  I have examined this report including attached schedules and it is, to the best ding all contributions, loans, receipts, expenditures, disbursements, in-kind ty of all persons acting under the authority or on behalf of this committee in the penalties of perjury:	contributions accordance v	and liabilities for this reporting period and represents the communication	
I certify to activity, control to incurred to Candidate	that I have examined this report including attached schedules and it is, to the of all persons acting under the authority or on behalf of this committee in accany liabilities nor made any expenditures on my behalf during this reporting the without Committee that I have examined this report including attached schedules and it is, to the	best of my k cordance with period that a best of my k	h the requirements of M.G.L. c. 55. I have not received any contribution are not otherwise disclosed in this report.	

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address  Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
Apr 2, 2021	Kate Asher 106 Sanford Street, East Longmeadow, MA	100		
Apr 24, 2021	Rick Baker 12 Marci Avenue, East Longmeadow, MA	200	Hampden Flooring	
Apr 2, 2021	David Beaudry 520 White Street Springfield, MA 01108	1,000	Atlantic Plywood Corporation	
May 1, 2021	Giuseppe Berardi 82 Pembroke Tr, East Longmeadow, MA	75		
Apr 1, 2021	Jason Bessette 154 Millbrook Dr, East Longmeadow, MA	100		
Apr 14, 2021	James Channing East 39 Ponciview Dr. Longmeadow	100		
1ay 11, 2021	John Decesare 143 Oakland Street, Springfield, MA 01108	100		
Apr 1, 2021	Nadia Dorval 16 Capri Drive, East Longmeadow, MA	100		
Apr 7, 2021	Vincenzina Ferrentino 109 Canterbury Cir, East Longmeadow, MA	100		
pr 2, 2021	Gregory Fisk 87 Pembroke Tr, East Longmeadow, MA	100		
pr 1, 2021	James Goodwin 73 Bent Tree Dr, East Longmeadow, MA	100		
Mar 20, 2021	Maryann Hoar 255 Bank St, Harwich, MA 02645	100		
ine 9: Total Recei	pts over \$50 (or listed above)	2,175		
ine 10: Total Rece	ipts \$50 and under* (not listed above)	1,720		
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	3,895	← Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
Mar 29, 2021	Dino Isotti 9 Capri Dr, East Longmeadow, MA	100	m. ca mov postaclas all monostronger Can	
Apr 10, 2021	Anna Jones 290 Parker St, East Longmeadow, MA	250	Hampden County District Attorney's Office	
Apr 1, 2021	Christine Lunsford 46 Lenox Circle, East Longmeadow, MA	75		
Mar 24, 2021	Michele Margeson East 100 Prospect St. Longmadow Michele Margeson East NA	1,000	Owner of Life Supply	
Mar 24, 2021	John Margeson 101 W5th St. Apt. 2029 Tempe, AZ 85281	100		
Apr 23, 2021	Maria Morrill 5 Millbrook Drive, East Longmeadow, MA	100		
Apr 28, 2021 Dennis Murphy 26 Oxford Lane, East Longmeadow, MA		100		
Adam Oliveri  (d) Stonehill Rd, East Longmeadow, MA		100		
Apr 2, 2021  Laura Sarno  25 Thompson St. Longment  ma		), 75		
Apr 5, 2021 John Trovato 461 Chestnut St, East Longmeadow, MA		100		
Mar 31, 2021	cristina Welch Longmeadow, 19 Allen Rd. MA	150		
		н		
ine 9: Total Recei	pts over \$50 (or listed above)	2,150		
ine 10: Total Rece	pts \$50 and under* (not listed above)			
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	2,150	Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expen		nittee name and a page number or	n each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Apr-3, 2021	PIP Printing	175 Benton Drive East Longmeadow, MA 01028	Advertising	1,400.01
Apr 6, 2021	Town of East Longmeadow		Earth Day Sponsor	500
May 27, 2021	United States Postal Service	119 Industrial Drive East Longmeadow, MA 01028	Postage	1,050.24
		Line 12: Total Expenditures ov	er \$50 (or listed above)	2,950.25
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	2,950.25

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over	\$50 (or listed above)	
		Line 13: Expenditures \$50 ar	nd under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
ı				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
			-	
	4			
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	

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9